

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039910

5533

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No.

FILED OCT 24 1963

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**

Length of stay in 1b
50 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **General Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri**

b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1231 Broadway

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **William** Middle **J.** Last **Gardner**

4. DATE OF DEATH
Month **October** Day **11** Year **1963**

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ **Never Married** ☐
Widowed ☐ **Divorced** ☒

8. DATE OF BIRTH

12-10-80

9. AGE (last birthday)

82

10. IF UNDER 1 YEAR **IF UNDER 24 HR**

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

California

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Theodore Gardner

13b. MOTHER'S MAIDEN NAME

Louise

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

-

17. INFORMANT

Records: J.C., Mc General Hospital

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia; chronic pyelonephritis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-2-63 to 10-11-63 and last saw him alive on 10-11-63
Death occurred at **2:25 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Frank Ellis

(Degree or title)

22b. ADDRESS

2400 Cherry - K.C., Mo.

22c. DATE SIGNED

10-14-63

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

Removal

23b. DATE

10-18-63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

23d. LOCATION (City, town, or county)

Kansas City Mo

(State)

24. FUNERAL DIRECTOR

Heilbert Funeral Homes (S) J.C., Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

10-14-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Frank Ellis MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

B. E. Weichert

Licensed Embalmer No.

4075

P. O. Address

212 8th Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.